CACFP Summer Short Course

July 11- 12, 2006

Scheman Building, Iowa State Center - Ames, Iowa

07-3101

Registration Information	n:* 🗆 Mr. 🗅 Ms.	☐ Mrs. ☐ Dr.	☐ Female ☐ Male
First Name (as it will appear on you	r name badge)	Middle Initial	Last Name
Organization	Dept./S	Subunit	Title
Email			Day Phone
Mailing Address Line 1			Evening Phone
Mailing Address Line 2			Fax Number
City	State	Zip Code	lowa County
Conference Registration	n		IT'S EASY TO REGISTER!
□ CACFP Summer Short Co	urse Registration	\$70	Mail—
☐ Continuing Education Unit	s (optional)	\$10	Registration Department lowa State University Conference Services 102 Scheman Building Ames, IA 50011
I would also like to register for on July 13, 2006 (a separate			
☐ Food Buying Guide Cours	e Registration (07	-3113) \$30	Fax—
You can also register for the https://www.ucs.iastate.edu/mn			t: (515) 294-6223
☐ I have special dietary need disability			* Iowa State University requests this information to preregister you in a conference. No one outside the university, with the exception of participants in this conference, is routinely provided this information. If you fail to provide the required
Method of Payment			information, we cannot promise accurate registration. (Reference:
☐ Check - Payable to Iowa State	University (Preferre	ed method of payment	lowa Code, Chapter 22.11; Iowa Fair Information Practices Act)
□ Credit Card □ Visa	☐ MasterCard	☐ Discover	Office Use Only
Card Number		<u> </u>	
Exp. Date/			
Cardholder Name			
Signature		_	
(Only one registration per form - Du	plicate for additional r	registrations)	